## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # M09268 1. Entity Name 04-22-2004 90085 001 \*\*\*150.00 A I B FINANCIAL GROUP INC. Mailing Address Principal Place of Business 8300 W\_FLAGERLER ST., STE 250 8300 W FLAGERLER ST., STE 250 **11000000 MIAMI FL 33144** MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2479465 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, ANNETTE Street Address (P.O. Box Number is Not Acceptable) 8300 W FLAGERLER ST., STE 250 **MIAMI FL 33144** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE CPD ☐ Delete TITLE NAME ALVAREZ, JOSE M NAME 8300 W FLAGERLER ST., STE 250 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP City-St-7iP **SVP** ☐ Change ☐ Addition TITLE ☐ Delete TITLE SOTO, JOHN NAME NAME STREET ADDRESS 8300 W FLAGERLER ST., STE 250 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ALVAREZ, ANETTE R STREET ADDRESS STREET ADDRESS 8300 W FLAGERLER ST., STE 250 CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP ☐ Change tf Addition Delete VALDES-FAULI, MARLEN NAME NAME STREET ADDRESS 8300 W FLAGERLER ST., STE 250 STREET ADDRESS **MIAMI FL 33144** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OFFICIER

SIGNATURE:

FILED